



राजपत्र, हिमाचल प्रदेश

(असाधारण)

हिमाचल प्रदेश राज्यशासन द्वारा प्रकाशित

शिमला, बृंधवार, 14 सितम्बर, 1988/23 भाद्रपद, 1910

हिमाचल प्रदेश सरकार
SOCIAL AND WOMEN'S WELFARE DEPARTMENT
NOTIFICATION

Shimla-171002, the 11th August, 1988

No. Kalyan-A(3)-5/81-II.—The Governor of Himachal Pradesh is pleased to make the following rules for regulating payment of scholarships to physically handicapped :—

1. **Short title and commencement.**—(1) These rules shall be called “The Himachal Pradesh Welfare Department Scholarship for Disabled Persons Rules, 1988”.
- (2) These rules shall extend to the whole of Himachal Pradesh.
- (3) These rules shall come into force from the date of their publication in the Himachal Pradesh Rajpatra.

RULES TO REGULATE GOVERNMENT OF HIMACHAL PRADESH SCHOLARSHIPS FOR PHYSICALLY HANDICAPPED

1. **Object.**—The main purpose of the scholarships for the physically handicapped is to assist them to secure such education, technical or professional training so as to enable them to earn a living and to become useful members of the society.

2. Scope.—For the purpose of these scholarships, the term physically handicapped shall comprise three categories of the physically handicapped *viz.*, the blind, the deaf and the orthopaedically handicapped.

3. Definition of the physically handicapped

A—Blind

The blind are those who suffer from either of the following conditions:—

- (a) Total absence of sight;
- (b) Visual acuity not exceeding 6/60 or 20/200 (Snellen) in the better eye with correcting lenses;
- (c) limitation of the field of vision substanding and angle of 20 degree or worse.

B—The Deaf

The deaf are those in whom the sense of hearing is non-functional for the ordinary purpose of life. Generally a loss of hearing at 70 decibels or above at 500, 1000 or 2000 frequencies will make residual hearing non-functional.

C—Orthopaedically Handicapped

The orthopaedically handicapped are those who have a physical defect or deformity, which causes interference with the normal functioning of the bones, muscles and joints.

4. Applicability.—These rules shall apply only to the physically *viz.*, the blind, the deaf and the orthopaedically handicapped school going students. Under these rules scholarships will only be awarded for studies from standards I to VIII. Candidates studying in higher standards will be eligible for scholarships awarded/funded by the Government of India or will be governed under the separate rules applicable to these students.

- (v) In the case of blind candidate or who is handicapped in both handi reader's allowance shall be paid at the rate of Rs. 25/- p.m. in addition to the scholarships if it is certified by the head of the institution and Orthopaedic Surgeon (Annexure II, IV and V) that candidate has continuously employed a reader during the period of study.
- (vi) In the case of an orthopaedically handicapped candidate/the additional allowance of Rs. 50/- p.m. for the purchase and maintenance of prosthetic appliance shall be paid on the recommendation of the head of the institution or an Orthopaedic Surgeon.
- (vii) In the case of an orthopaedically handicapped candidate who has abnormal defect requiring special arrangements for transport an additional monthly allowance of Rs. 15/- may be sanctioned. Each case will be examined on its own merits on the recommendations of the Head of the Institution/Establishment and on the basis of Medical Certificate of the Orthopaedic Surgeon.

7. Mode of applying.—(a) Application should be made to be Director of Welfare, Himachal Pradesh in the prescribed form (Appendix-I) through the head of Institution where the candidate is admitted as a student.

(b) *Documents to accompany application.*—Each application shall be accompanied by the following documents:—

- (i) *Medical certificate.*—A certificate in the prescribed form (Appendix-II, III, IV) that the candidate is blind or deaf or orthopaedically handicapped as the case may be within the meaning of the definition given in rule-3 from a Registered Eye Specialist/ENT Specialist/Orthopaedic Surgeon, where such Specialists/Surgeons are not available, such certificate may be issued by the Assistant Surgeon Grade-II.

(ii) *Income-cum-Himachali Certificate*.—A certificate from a Revenue Officer not below the rank of Naib-Tehsildar or any other Officer of equivalent status or a certificate from Gazetted Officer of the Central or State Government or a Member of Parliament or State Legislature indicating clearly the monthly incomes of both parents or guardian of the candidate and that he is a *bona fide* resident of Himachal Pradesh in the Form Appendix-V.

(iii) *Photograph*.—A recent photograph in case of orthopaedically handicapped candidate showing the deformity.

8. Payment.—The amount of the Scholarship will be drawn by the concerned District Welfare Officer. The payment of scholarship will be made to the head of the institution for disbursement to the awardee.

9. Sanctioning authority.—The Director of Welfare, Himachal Pradesh, shall be the sanctioning authority under these rules.

10. Audit.—(i) The audit of the expenditure on account of scholarships will be conducted by the A.G. (Audit) H.P., Shimla in the office of the District Welfare Officer.

(ii) A register (Form-'A') indicating therein the name and complete address of persons to whom the scholarships sanctioned and amount disbursed therefor shall be maintained in the office of the District Welfare Officer. The District Welfare Officer will be responsible for making the payment and obtaining APRs. The applications of student/sanctioned scholarship will be returned to the District Welfare Officer by the Director of Welfare, Himachal Pradesh.

11. Other conditions.—(i) The Government of Himachal Pradesh reserves the rights to amend the rules without notice.

(ii) The amount sanctioned will be debitible under Head "2235—Social Security and Welfare-02-Social Welfare-107-Grant to other Vol. Agencies-02-Other Voluntary Agencies (Plan, Non-Plan)."

(iii) These rules are applicable to the students studying in I to VIII classes. The students/trainees from 9th Class onward will be governed under the separate rules.

AJAY PRASAD,
Secretary.

APPENDIX—I

GOVERNMENT OF HIMACHAL PRADESH (WELFARE DEPARTMENT)

Application form for the award of Scholarship to the physically handicapped

Application duly filled-in must reach the Director of Welfare, Himachal Pradesh, Shimla not later than the 19 The Application received thereafter, will not be entertained.

1. Nature of physical handicapped	..	Blind/Deaf/Orthopaedically Handicapped.
2. Name in full (in block letters)	..	
3. Residential address	..	
4. Permanent address	..	
5. Exact date of Birth (in Christian era)	..	
6. Father's name	..	
7. The Course/Stage of study	..	
8. Total monthly income of both the parents/guardian	..	

9. Please state if you have been in receipt of any scholarship from any other sources, if so, indicate:

(i) The source ..

(ii) Monthly amount ..

10. Please state if you ever applied for scholarships under this scheme, if so, the course for which applied for an year of application ..

Place:

Signature of the candidate.

Date:

*Strike out which is not applicable.

DECLARATION TO BE SIGNED BY THE FATHER/GUARDIAN OF THE CHILD

I hereby declare:—

(i) That the particulars given regarding my ward Shri/Kumari..... in the application are true to the best of my knowledge and belief, and that no material information has been concealed or with-held which has a bearing on selection.

(ii) That my ward shall not accept emoluments, scholarships or any other financial assistance or grant-in-aid other form whatsoever, except exemption from tuition fees, from any other source during the tenure of the scholarship if awarded to him/her under the above scheme.

Place:

Signature of the Parent/Guardian.

Date:

CERTIFICATE BY THE PRINCIPAL/HEADMASTER OF THE SCHOOL/INSTITUTION

Certified that Shri/Kumari..... is a regular student of Class..... in this School/Institution and his/her performance in studies has been found satisfactory.

Place:

Signature of the Principal/Headmaster

Date:

(Seal)

ANNEXURE II

GOVERNMENT OF HIMACHAL PRADESH (WELFARE DEPARTMENT)

MEDICAL CERTIFICATE FOR THE BLIND

Certified that I, Dr....., Registration No..... have this..... day of....., 198....., examined the candidate whose particulars are given below:—

1. Name of the candidate ..
2. Father's name ..
3. Sex ..
4. Approximate age ..

5. Identification mark ..

6. Extent of residual vision, if any .. R.E.
L.E.

7. On-set of blindness (please state whether blindness is from birth or acquired later, if it has been caused afterwards, the age and cause of blindness may be indicated)

(For the purpose of these scholarships, the blind are those who suffer from either of the following:—

(a) Total absence of sight ..

(b) Visual acuity not exceeding 6/60 or 20/200 (Snellen) in the better eye with correcting lenses

(c) Limitation of the field of vision subtending an angle of 20 degrees or worse ..

8. Please state clearly whether the candidate is blind for the purpose of scholarship ..

(Signature of Orthalmologist),
Designation

Office Stamp.

Address:

APPENDIX-III

GOVERNMENT OF HIMACHAL PRADESH (WELFARE DEPARTMENT)

Certified that I, Dr., Registration No., have this
day of 198 , examined the candidate whose particulars are given below:

1. Name of candidate ..

2. Father's name ..

3. Sex ..

4. Approximate age ..

5. Identification marks ..

6. An estimate of the residual hearing if any and the basis on which this estimate has been arrived at :

(i) Right ear ..
(ii) Left ear ..

7. On-set of deafness (please state whether deafness is from birth or acquired later. If it has been caused afterwards the age and cause of deafness may be indicated).

(For the purpose of scholarship the deaf are those in whom the sense of hearing is ..

life. Generally loss of hearing at 70 decibels or above at 500, 1000, 2000 frequencies will make residual hearing non-functional) ..

8. Please state whether the candidate is deaf for the purpose of scholarship ..
9. Please enclose audiogram chart ..

Signature of candidate.

Signature of E.N.T. Specialist
Designation

Place:

Office Stamp.

Date:

Address:

APPENDIX IV

GOVERNMENT OF HIMACHAL PRADESH (WELFARE DEPARTMENT)

HIMACHALI CERTIFICATE IN RESPECT OF ORTHOPAEDICALLY HANDICAPPED CANDIDATE

For the purpose of scholarship the orthopaedically handicapped are those who have physical defect or deformity which causes interference with the normal functioning of bones, muscles and joints.

Certified that I, Dr..... Registration No..... have this day.... day of..... 198....., examined the applicant within the above definition:

1. Name of candidate ..
2. Identification mark ..
3. Sex ..
4. Father's name ..
5. Approximate age ..

(a) NATURE OF DISABILITY

(Tick relevant from following list)

POST POLIO, PARALYSIS, HEMIPLEGIA, QUADRIPLEGIA, MALUNITED FRACTURE, NERVE PARALYSIS, UPPER EXTREMITY, LOWER EXTREMITY, LIMP, PAINFUL, SEORTENING DEFORMITY, CONGENITAL ACQUIRED, BONE KNEE, BELOW KNEE, NIP, HEMIPELVECTOMY, SYMES, CHEOPARTS, WRIST, FINGERS, BELOW ELBOW, ABOVE ELBOW, SHOULDERS, FORE QUARTER, UNILATERAL, BILATERAL.

(b) EXTENT OF DISABILITY:

Estimate in percentages (MO Bride scale).

ON ANATOMICAL, FUNCTIONAL (PATIENT'S ASSESSMENT, EXAMINER'S ASSESSMENT) ECONOMICAL BASIS MENTION AS PERCENTAGES (BELOW 25, 25-75, 75-90 TOTAL DISABILITY).

(c) USE OF APPLIANCE

(Tick relevant from following list).

CALLIPER, CRUTCH, ABOVE KNEE, BELOW KNEE, PROSTHESIS CANE, UNILATERAL, BILATERAL, ABOVE ELBOW, BELOW ELBOW, HEMIPELVECTOMY, SHOULDER DISARTICULATION.

(d) ANY OPERATION DONE OR INDICATED.

(e) PHOTOGRAPH (ATTESTED).

To show the nature of disability and any appliance, if used.

7. Any other particulars to clarify the nature and extent of disability that the Surgeon might like to point out.

(Signature of Orthopaedic Surgeon)
Designation:

Signature of candidate.

Place:

Office Stamp.

Date:

Address:

APPENDIX-V

GOVERNMENT OF HIMACHAL PRADESH
(WELFARE DEPARTMENT)

SCHOLARSHIP FOR THE PHYSICALLY HANDICAPED

INCOME-CUM-HIMACHAL CERTIFICATE

[*Vide* rule 7(b)(ii)]

I, certify to the best of my knowledge and belief that the total combined income from all sources of both the parents/guardian of Shri/Kumari/Smt (Name of candidate) resident of is Rs (Rupees) per month.

Further certified that the parents of said Shri are *bonafide* resident of Himachal Pradesh.

Signature of candidate.

Signature
Designation
Office Stamp.

I, father/guardian of Shri/Kumari/Smt undertake to intimate to the Director of Welfare, Himachal Pradesh, Shimla any change in the above mentioned income that takes place at any time during the pendency of the scholarship.

Date: _____
Place: _____
Signature
Profession
Postal Address

Note.—It may be given by a Revenue Officer not below the rank of Naib-Tehsildar or any other officer equivalent status or an affidavit attested by a First Class Magistrate or a certificate from a Gazetted Officer of the Central or State Government or a Member of Parliament or State Legislature.

APPENDIX-VI

GOVERNMENT OF HIMACHAL PRADESH
(WELFARE DEPARTMENT)CERTIFICATE FOR READER'S ALLOWANCE FOR BLIND SCHOLAR/OR THE
HANDICAPPED IN BOTH HANDS

(This is to be signed by the Head of the Institution)

Certified that I have personally satisfied myself that Shri/Kumari.....
 s/o, d/o.....has continuously employed with effect from
 Shri/Kumari.....,.....as Readers at Rs.....(Rupees.....
) P.M.

It is further certified that allowance paid to the Reader is not less than the allowance being paid
 to the scholar for this purpose. The address and qualification at the Readers are as under:—

Date:

Signature of the Head of
Institution

Place:

FORM A

(Seal)

1. Name of student ..
2. Parentage ..
3. Amount sanctioned ..
4. Period for which scholarship sanctioned ..
5. Date of drawal of amount of scholarship from the
Government Treasury ..
6. Rate of disbursement of scholarship to the student ..
7. Detail of APRs. received from the institution etc ..
8. Detail of unspent amount balance ..
9. Treasury Voucher No. and Date of the unspent
amount deposited into the Government Treasury ..